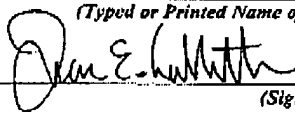
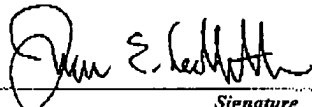


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. JEL 30763A
Applicant(s): Masanori Minamio, et al.			
Application No. 10/747,982	Filing Date December 31, 2003	Examiner L. Cruz	Group Art Unit 2827
Invention: RESIN MOLDED TYPE SEMICONDUCTOR DEVICE AND A METHOD OF MANUFACTURING THE SAME			
Attention Special Application - Subject to Expedited Processing			
RECEIVED CENTRAL FAX CENTER AUG 26 2004			
I hereby certify that this <u>Supplemental Preliminary Amendment and Amendment Transmittal</u> (Identify type of correspondence)			
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>)			
on <u>August 26, 2004</u> (Date)			
<u>James E. Ledbetter, Reg. No. 28,732</u> (Typed or Printed Name of Person Signing Certificate)			
 (Signature)			
Note: Each paper must have its own certificate of mailing.			

P18/REV02

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. JEL 30763A	
Applicant(s): Masanori Minamio, et al.					
Application No. 10/747,982	Filing Date December 31, 2003	Examiner L. Cruz	Customer No.	Group Art Unit 2827	Confirmation No.
Invention: RESIN MOLDED TYPE SEMICONDUCTOR DEVICE AND A METHOD OF MANUFACTURING THE SAME					
<u>COMMISSIONER FOR PATENTS:</u>			Attention Special Application - Subject to Expedited Processing		
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	33 -	20 =	13 x	\$18.00	\$234.00
INDEP. CLAIMS	6 -	4 =	2 x	\$86.00	\$172.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$406.00
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 19-4375 in the amount of <input type="checkbox"/> A check in the amount of to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-4375 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div><div style="text-align: right;">Dated: August 26, 2004</div></div> <div style="margin-top: 20px;"> _____ Signature James E. Ledbetter, Reg. No. 28,732</div>					
<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"><p>I certify that this document and fee is being deposited on with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p><p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p></div>					
CC:					

P11LARGE/REV07